

Entered - 8-28-00 - sb  
CL 00L0513 - GWENDOLYN BURNS

**CLAIM OF: STATE FARM INSURANCE COMPANIES**

as subrogee of Joseph Zagranski  
11350 Johns Creek Parkway  
Duluth, Georgia 30098

01- *R* -0257

For vehicular damages alleged to have been sustained as a result of a sidewalk that was under construction and left in an open and unsafe condition on May 11, 2000 at 390 Simpson Street.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION  
COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **STATE FARM INSURANCE COMPANIES as subrogee of JOSEPH ZAGRANSKI** the sum of **\$1,154.86** in full settlement and satisfaction of all claims, past, present and future, of every kind and character for vehicular damages alleged to have been sustained as a result of a sidewalk that was under construction and left in an open and unsafe condition on May 11, 2000 at 390 Simpson Street as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

**APPROVED: SUSAN PEASE LANGFORD**  
**CITY ATTORNEY**

BY:

*Rosalind Rubens Newell*  
**ROSALIND RUBENS NEWELL**  
**DEPUTY CITY ATTORNEY**

*Robert J. G. O'S*

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0513

Date: February 13, 2001

**Claimant /Victim** JOSEPH ZAGRANSKI

**BY: (Atty) (Ins. Co.)** STATE FARM INSURANCE COMPANY

**Address:** 11350 Johns Creek Parkway, Duluth, Georgia 30098

**Subrogation:** X      **Claim for Property damage \$** 1,154.86      **Bodily Injury \$** \_\_\_\_\_

**Date of Notice:** 12/28/00      **Method:** Written, proper X      Improper \_\_\_\_\_

**Conforms to Notice:** O.C.G.A. §36-33-5 X      Ante Litem (6 Mo.) X

**Date of Occurrence** 5/11/00      **Place:** 390 Simpson Street

**Department** PUBLIC WORKS      **Division:** Street

**Employee involved** \_\_\_\_\_      **Disciplinary Action:** \_\_\_\_\_

**NATURE OF CLAIM:** Claimant sustained property damage when he drove his vehicle over a steel pipe that was protruding from a sidewalk into the roadway. An investigation determined that the sidewalk was under construction by the City and left in an unsafe condition.

**INVESTIGATION:**

Statements: City employee   X   Claimant            Others            Written            Oral   X    
 Pictures            Diagrams            Reports: Police            Dept Report   X   Other             
 Traffic citations issued: City Driver                                    Claimant Driver                                     
 Citation disposition: City Driver                                    Claimant Driver                                   

**BASIS OF RECOMMENDATION:**

Function: Governmental \_\_\_\_\_ Ministerial   X    
 Improper Notice \_\_\_\_\_ More than Six Months \_\_\_\_\_ Other \_\_\_\_\_ Damages reasonable   X    
 City not involved \_\_\_\_\_ Offer rejected \_\_\_\_\_ Compromise settlement \_\_\_\_\_  
 Repair/replacement by Ins. Co. \_\_\_\_\_ Repair/replacement by City Forces \_\_\_\_\_  
 Claimant Negligent \_\_\_\_\_ City Negligent   X   Joint \_\_\_\_\_ Claim Abandoned \_\_\_\_\_

Respectfully submitted,

Gwendolyn Burns  
INVESTIGATOR - GWENDOLYN BURNS

**RECOMMENDATION:**

Pay \$ 1,154.86 Adverse Account charged: 1A01 ☒ 2J01 2H01  
 Claims Manager: [Signature] Concur/date 02-15-07  
 Committee Action: \_\_\_\_\_ Council Action \_\_\_\_\_

# State Farm Insurance Companies



BURNS  
08/21/00  
Ru

Auto Claim Central - Subrogation U  
11350 Johns Creek Parkway  
Duluth, GA 30098-0001

August 17, 2000

ENTERED - 8-28-00 - SB  
00L0513 - GWEN BURNS

Diane Mitchell  
City Of Atlanta Law Dept  
68 Mitchell St 14th Floor 4100  
Atlanta, GA 30335-0332

RE: Claim Number: 11-3463-037  
Date of Loss: May 11, 2000  
Our Insured: Joseph Zagranski

Dear Ms. Mitchell:

We are writing to you with reference to damage which occurred on May 11, 2000.

The property is insured by our Company and the damage was in the amount of \$1154.86.


Our investigation indicates you are responsible for this damage, and we are, therefore, looking to you for reimbursement.

If you have insurance, please refer this letter to your insurance company for discharge of your obligation, and inform us as to your insurance company name, address, and your policy number. If you do not have insurance, please forward your remittance in the above amount.

Please use the enclosed self-addressed envelope when replying so that your payment will receive prompt acknowledge.

If you have any questions, please call us at the number below between the hours of 7:00 A.M. and 5:00 P.M. Monday through Friday. Whenever you call, anyone on our team will be available to assist you.

Sincerely,

  
Adrienne Burney, Team 13  
Claim Expediter  
(770) 418-5744

State Farm Mutual Automobile Insurance Company

71-3463-087

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER 00L0513

\$ 1,154.86

IN CONSIDERATION of the sum of ONE THOUSAND ONE HUNDRED FIFTY-FOUR AND 86/100  
DOLLARS, to be paid by the CITY OF ATLANTA, the future receipt of which is hereby acknowledged,  
I do hereby, for myself, my heirs, executors, administrators, and assigns, release and forever discharge said City,  
its officers and employees, from any and all **property damage** claims, demands, actions, causes of action, suits,  
damages, loss and expenses, of whatsoever kind or nature for or on account of anything that has heretofore occurred,  
and particularly for or on account of a vehicular incident  
which occurred on or about the 11th day of May, 2000,  
at or near 390 Simpson Street

It is further understood and agreed that the payment of the above named sum is not to be considered as an admission on the part of the City, its officers, agents, servants or employees, of any liability whatsoever and the undersigned further covenants and agrees to indemnify and hold harmless the City of Atlanta, its officers, agents, servants and employees, from any and all claims, damages or costs which the said City of Atlanta, its officers, agents, servants and employees, may be called upon to make as a result of the event hereinbefore referred to.

And I now state that the only consideration for my signing this release and indemnification is the payment of the sum stated above; that no other promise or agreement of any kind or nature has been made to or with me by said City or its agents to cause me to sign this release, and that I fully understand the meaning and intent of this instrument.

WITNESS my hand and seal this 9 day of February, 2001

Adrienne Burney (LS)  
STATE FARM INSURANCE COMPANIES as subrogee  
of Joseph Zagranski

The above release was read and explained to, and signed by the said Adrienne Burney

in our presence on the date above written.

Jody Muller  
John Danna  
WITNESSES

01-P-0257